

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE <i>(See Instructions)</i>					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
REQUEST AND AUTHORIZATION FOR EXPERT SERVICES					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. <i>(Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)</i> Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME <i>(First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS</i> _____ <div style="text-align: right;">Telephone Number: _____</div>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES <i>(See Instructions)</i>			14. TYPE OF SERVICE PROVIDER		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator		
			02 <input type="checkbox"/> Interpreter/Translator		
			03 <input type="checkbox"/> Psychologist		
			04 <input type="checkbox"/> Psychiatrist		
			05 <input type="checkbox"/> Polygraph		
			06 <input type="checkbox"/> Documents Examiner		
			07 <input type="checkbox"/> Fingerprint Analyst		
			08 <input type="checkbox"/> Accountant		
			09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)		
			10 <input type="checkbox"/> Chemist/Toxicologist		
11 <input type="checkbox"/> Ballistics					
12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert					
13 <input type="checkbox"/> Pathologist/Medical Examiner					
14 <input type="checkbox"/> Other Medical					
15 <input type="checkbox"/> Voice/Audio Analyst					
16 <input type="checkbox"/> Hair/Fiber Expert					
17 <input type="checkbox"/> Computer (Hardware/Software/Systems)					
18 <input type="checkbox"/> Paralegal Services					
19 <input type="checkbox"/> Legal Analyst/Consultant					
20 <input type="checkbox"/> Jury Consultant					
21 <input type="checkbox"/> Mitigation Specialist					
22 <input type="checkbox"/> Duplication Services <i>(See Instructions)</i>					
23 <input type="checkbox"/> Other <i>(Specify)</i> _____					
24 <input type="checkbox"/> Other <i>(Specify)</i> _____					
CLAIM FOR SERVICES AND EXPENSES					
16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>					
c. Other Expenses					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
17. PAYEE'S NAME <i>(First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS</i> _____ <div style="text-align: right;">TIN: _____</div> <div style="text-align: right;">Telephone _____</div> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment <i>(compensation or anything of value)</i> from any other source for these services. Signature of _____ Date _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
22. TOTAL AMOUNT APPROVED/CERTIFIED					
23. <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost <i>(excluding expenses)</i> exceeds \$300. <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judicial Officer _____</div> <div>Date _____</div> <div>Judge/Mag. Judge Code _____</div> </div>					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
27. TOTAL AMOUNT APPROVED					
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) <div style="display: flex; justify-content: space-between;"> <div>Signature of Chief Judge, Court of Appeals (or Delegate) _____</div> <div>Date _____</div> <div>Judge Code _____</div> </div>					